

Continuous Quality Assessment:

A Tool to Evaluate and Predict the Risk of Maltreatment to Children

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Abstract

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The topic of the proposed study was the concern about high recidivism rates of referrals of child abuse and neglect. The purpose of this study was to identify the common characteristics of repeat referrals of child maltreatment in the Green River Region. The study was conducted in the seven county area known as the Green River Region in Kentucky that provides child protective services through the Department for Community Based Services. The sources used include a selective review of the literature, analysis of management reports, an analysis of randomly selected CQA's, and anonymous questionnaires completed by front-line child protection workers. Themes were explored concerning the front-line worker's perception of the usefulness of the CQA as a tool for evaluating and predicting the risk of maltreatment to children. Conclusions were drawn concerning the common characteristics of repeat referrals of maltreatment.

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Introduction

Aim

The specific aim of this study was to look closely at referral recidivism in child protection services in the Green River Region of Kentucky. The purpose of the study was to determine the common characteristics of repeat referrals of child maltreatment and to learn more about the child protective services worker experience with the risk assessment tool known as the Continuous Quality Assessment (CQA). Toward this purpose, the goal of the study was to develop interventions, based on the common characteristics identified that would best assist families in reducing the risk of maltreatment and reduce the likelihood of repeat referrals. This concept is supported by recognition of the importance of collaborative strategies that bring community representatives to the assessment table along with traditional professionals (Brissett-Chapman, 1997).

Relevance

The study related directly to social work practice in child protective services. The background involved the United States Congress having enacted the Adoption and Safe Families Act (ASFA) to reform public child welfare systems with the first priority being to insure the health and safety of the children who are involved in these systems (Herring, 2000). The goal of ASFA related to the study involved the issue of promoting safe and stable families and required “that the safety of the children shall be of paramount concern” (Adoption and Safe Families Act, 1997). The performance measurement system required in ASFA was the result

of attention given to measuring outcomes for children and families who received support and services from the child welfare system (Usher, Wildfire, & Gibbs, 1999).

There has been increased concern about the safety of children around the issue of repeat maltreatment as a measure of the effectiveness of child protective service (CPS) intervention (English & Marshall, 1999). Since the federal audits began in 2002, the actual Children and Service Review Instrument does look at repeat referrals for the life of the case as well as for the period under review (U.S. Department of Health and Human Services, 2002). The actual federal review began in 2002, five years after ASFA was enacted, and states were expected to comply if they were receiving federal dollars. A copy of the review instrument may be viewed in Appendix A.

One of the child welfare services, designated under ASFA, was service to prevent or address the consequences of child maltreatment, which includes investigations of alleged abuse and neglect (Gordan, 1999). Therefore, social workers involved in child protection following these mandates will find themselves serving vulnerable at-risk children in potentially volatile situations (Anonymous, 2001). This study proposed to look at the perception of Green River Region CPS workers' perception of the risk assessment tool. The study was also a response to a call by Kolko (1998) to gain a better understanding of the nature and impact of child abuse interventions in an effort to reduce the high rates of service failure and repeat maltreatment.

Problem Statement

Therefore, based on ASFA mandates, CPS workers are responsible for ensuring the safety of children. In order to comply with that mandate, the problem statement became "Did CPS workers perceive they could effectively assess and prevent future abuse and neglect through the use of risk assessment tools, specifically the CQA in this proposed study?" In child protective

services, risk is defined as the likelihood of harm to a child occurring or recurring once abuse or neglect allegations are made (Brissett-Chapman, 1997). Accurate assessment is critical to appropriate intervention and case planning in that diagnosis drives treatment (Maxmen & Ward, 1995). Consequently, appropriate intervention and treatment should reduce the risk of maltreatment and future recidivism.

Almost 40 years after Dr. Kempe's identification of the battered child syndrome, little public discussion has occurred around what to do about child abuse and neglect beyond recognition (Krugman, 1997). Krugman (1997) contended that while elected and public officials ignore the issue, child abuse and neglect is perpetrated on infants and children each year. The focus on the safety of children is indeed paramount as research estimated more than one million reports of abuse and neglect of children are made in the United States each year (Wisdom, 2001). One study showed that ill health caused by abuse, resulted in an estimated lifetime cost of \$12.4 billion for maltreated children in the United States in 1996 (McMenemy, 1999). The most apparent consequences of child maltreatment were identified as severe psychological, physical, and emotional impairment of children or family crisis that occur when authorities remove children (Brissett-Chapman, 1997).

In the Green River Region, there were 1729 reports of child abuse and neglect from July 9, 2001 to July 9, 2002 according to Jim Toler, Green River Service Region Administrator (personal communication, July 9, 2002).

Literature Review

Selective review of the literature indicated that assessing risk of maltreatment is difficult at best and can vary even among expert clinicians in the field. The following will be an attempt

to review some of the findings in current research in regard to risk assessment by CPS workers.

During investigations, CPS workers have critical decisions to make which affect children and their families in the long term; therefore, these decisions must be made as accurately and consistently as possible (Baird, Wagner, Healy, & Johnson, 1999). The use of a formal structured risk assessment instrument is a new approach in child welfare services that has caught on quickly (Brissett-Chapman, 1007). According to Baird et al. (1999), until recent times, the CPS worker's decisions were dependent on their estimation of risk of future harm and there were few aids to assist in this process, which could result in consequences ranging from the child being protected to unnecessary removals, to serious injury or death of a child. In their study, Baird et al. (1999) advocated for the need of risk assessment tools or actuarial systems to assist CPS workers in evaluating risk based on factors related to maltreatment of children, which are derived through research on risk factors. In their study, these authors (Baird et al., 1999) compared three different tools by having CPS experts apply these tools to 70 case vignettes. The tool known as the Michigan Family Risk Assessment of Abuse and Neglect (FRAAN) was determined to have had the highest level of reliability and rater agreement. When using a 75 % agreement threshold, 85% of all cases rated using FRAAN, at least three of four raters scored cases at the same risk level (Baird et al., 1999). Although the author has not seen the FRAAN, the author noted from its description, the FRAAN sounded similar to the CQA, which is utilized in Kentucky.

A study conducted around repeat referrals to CPS in Washington state revealed that the risk factors connected with increased chance of rereferral were history of domestic violence, substance abuse, and history of caregiver abuse or neglect as a child (English & Marshall, 1999). English and Marshall (1999) noted that child protective service workers also least often

assessed these factors. Consequently, parents who were maltreated as children were found to have fewer opportunities to practice the role of positive caregiver resulting in lack of competence as adults and when confronted with stressors, would revert to their own abusive histories to control their children (Coohey, 2000).

Another study indicated that families with multiple referrals have certain characteristics which include the following: caregivers with a history of abuse and neglect as children; a history of abuse or neglect at a very early age; developmentally delayed children; families with multiple victims; mainly physical neglect allegations; and the presence of more than one of these factors (Marshall & English, 1999). Other findings (Marshall & English, 1999) included the following types of cases were likely to rerefer: non-imminent risk with allegations of neglect, rural area cases, and cases with an inconclusive finding. Marshall and English (1999) also noted that in reference to neglect referrals, CPS workers often refer them to community alternatives, which are not appropriate to meet the need of these families, which are likely to be a repeat referral to CPS. Kolko (1998) supported the need for comprehensive evaluation that incorporated multiple perspectives and measures to accurately identify the ecology of the family and its service experiences. Thus, with early identification of abuse and neglect, protective services can be provided to avert future maltreatment that many times leads to repeat and more serious injury (Kairys, Alexander, Block, Everett, Hymel, Jenny, & Stirling, 2002). Finally, Marshall and English (1999) also found that individual case characteristics measured by individual risk factors account for a larger portion of the recidivism than demographic characteristics. Thus, this author perceives this finding to further support the need for a good risk assessment tool.

Another article reviewed current studies being conducted on computerized administrative

databases, which contain a wealth of information on child maltreatment as well as repeat referrals and determined these situations arise in multi-problem families (Drake & Jonson-Reid, 1999). Drake and Jonson-Reid (1999) noted that these databases are not only providing current information but are in a position to enhance policy-practice-research collaboration and provide data for longitudinal and intergenerational studies and that such information can assist researchers in studying issues that are significant to practitioners and administrators. The author was aware that Kentucky has such a database in regard to child maltreatment, which contains all reports of abuse and neglect. As previously stated, this system only recently came into

being in 1996 and is still new and being continually updated and revised to capture data that is meaningful to the workers, supervisors, and administrators. The Kentucky system is called The Worker Information System (TWIST). Based on information provided by Drake and Jonson-Reid (1999), Kentucky seems to be abreast of the tools being touted by current research as being helpful in dealing with child abuse and neglect referrals and repeat referrals.

Finally, another study involving fatal child maltreatment identified additional risk factors involving household composition through the use of a central computerized data base system in Missouri (Stiffman, Schnitzer, Adam, Kruse, Ewigman, 2002). The study results indicated that there was increased risk of maltreatment found primarily in households which contained a biologically unrelated adult male and boyfriends of the children's mother (Stiffman et al., 2002). Research such as this, conducted through a centralized database, can yield very useful information to CPS workers as they assess risk on reported cases of child abuse and neglect. Such research, when disseminated properly, could actually aid in preventing further maltreatment and possible fatalities.

Rationale

In terms of the rationale for the study, child maltreatment has many consequences. Child maltreatment has been identified as contributing to significant delays in infants and toddlers; children being more likely to participate in social and physical risk behaviors such as unsafe sex and alcohol/drug use (Murray, Baker, & Lewin, 2000). For example, one study found that child sexual abuse, not child physical or emotional abuse, appeared to be a risk factor for earlier pregnancy among African-American adolescents (Fiscella, Kitzman, & Harriet, 1998). Other research has indicated that children who are severely beaten by parents or caregivers are 3.5 times more likely to be domestic violence victims as adults, three times more likely to be raped and four times more likely to suffer other trauma (Bauer, 2002). In addition, severe abuse and neglect in childhood has been shown to have adverse effects evidenced in the form of relational problems in adulthood (Irwin, 1999).

Finally, child abuse and neglect results in approximately 1200 preventable deaths as well as thousands of reported and unreported injuries (Murry et al., 2000). These reasons are sufficient justification to study the front line CPS worker's perception of the CQA tool in reference to its ability to evaluate and predict risk. Furthermore, the front line CPS worker's perception of the tool in assisting them with assessing the current and future risk to reported child victims of abuse and neglect was a significant factor related to child safety. Lastly, it would be important to know how well the CQA tool functions in terms of assisting the CPS worker to perform their mandated duties, specifically under ASFA in terms of safety being paramount and the federal expectation of keeping referral recidivism to a minimum.

Research Questions

The research questions formulated in the study traveled a dual track. The first question to

be formulated was suited to a qualitative method of study. Therefore, the first question was, “What is your experience with the CQA tool?” The second question to be formulated in this proposal was suited to a quantitative method of study. Therefore, the second question was, in looking at completed CQA tools with narrative,

“What are the common characteristics identified in repeat referrals of maltreatment in the Green River Region?”

Methodology for Qualitative Question

Approach

The specific qualitative question for the study related to the workers experience with using the CQA tool to assess and predict risk of reported child abuse and neglect cases. The approach was interpretive, relying on the subjective experience (Marlow, 2001) of the CPS worker in using the CQA tool to assess and predict risk to maltreated children. The descriptive design was selected as some research has already been completed as noted in the literature review and the author was interested in the specific perceptions of the child protection workers in the particular sampling frame. The methodology was analysis of the narrative responses to the questionnaire with the intent of developing grounded theory.

Setting

The description of the field site was the seven CPS offices of the Department for Community Based Services in the Green River Region. Two of the seven counties had cities with a population of 60,000 and 30,000. The other counties were mainly rural areas with several small towns or communities.

Participants

Participants were forty CPS workers who were full-time investigators or conducted investigations as a routine responsibility in their daily work. The participants had completed the Training Academy, successfully completed probation, and have done CPS investigations.

Sampling Strategy

The total population of investigative workers meeting the criteria previously stated in the Green River Region were approximately 40 child protective service workers. It should be noted that Daviess County had three investigative teams, Henderson had one investigative team, and in the other five counties, all CPS workers usually had to investigate referrals due to volume of referrals and smaller number of staff.

The sampling strategy entailed meeting with each of the four investigative units in Daviess and Henderson Counties and the entire staff of each of the five rural counties. The purpose of the meeting was to explain the research study and invite the CPS workers to participate. The researcher received 12 returned questionnaires from the 40 anonymous surveys distributed resulting in a 30 percent return.

Data Source and Collection

The data source was the actual participants and the data collection involved anonymous questionnaires that invited the participant to answer the following questions:

- “What is your experience with the CQA tool?”
- “How do you perceive the CQA tool in helping you assess and predict risk of maltreatment to children in the investigations you are assigned?”
- What suggestions would you offer in regard to the CQA tool?”

Finally, if they were agreeable to further discussion, the researcher asked the participant to

email the researcher who gave the email address on the questionnaire. These questionnaires were voluntary and conducted in the privacy of the worker's office. Each questionnaire had an attached self-addressed stamped envelope to the researcher so the participant could drop the envelope in the mail. Each questionnaire took about 20 minutes to complete. The questionnaires were kept in a locked file accessible only to the author.

Informed Consent

The informed consent procedures included a completed University of Louisville non-medical consent form along with a completed checklist. A copy of the Preamble and questionnaire may be reviewed in Appendix B. These items were submitted to the IRB of the University of Louisville and appropriate forms were completed and sent to the IRB of the Cabinet for Families and Children. The author spoke with each participant in the group setting of their team and explained that their involvement was voluntary and their individual answers would remain confidential. Participants were informed that they had the right to withdraw at any time and could refuse to answer any question that made them feel uncomfortable. The author explained the purpose of the study and the benefit to the CPS worker and the population they serve. The author explained the findings would be submitted to the research instructor and may be of interest to Cabinet administrators as well.

Data Management and Analysis

Data was analyzed by using the File Card Method (Bogdan & Bilken, 1982). The researcher stacked the questionnaires by postmark of when they were received. Each questionnaire was then numbered then photocopied so the original responses could remain intact. The author then identified specific topics under each question. The author collaborated with the research instructor to assist in dealing with any author bias related to the responses.

The author then took file cards and wrote each question at the top. The author then wrote down the topics identified under each question for each questionnaire and evaluated for similarities and differences. Each of the actual quotes from participants characterized the topics developed from each question. The responses demonstrate both similarities and differences in perception of the workers. The following will be actual worker statements surrounding the three themes developed in each question.

Question 1: What is your experience with the CQA tool?

- "...not user friendly; time consuming due to redundancy."
- "...I use the CQA tool on a daily basis."
- "...I do not take the time to read each CQA that came before mine. If one of the prior investigations are substantiated, I may go back and read over the allegations and the CQA but if it was unsubstantiated and my referral will be unsubstantiated, then I do not read the prior CQA's."
- "...In the beginning, I really didn't think that it addressed enough or was detailed enough. Over time, I've learned that it's really up to the worker as to what the worker addresses or all the details included."
- "...anchors don't always fit the investigation."
- "...I just feel like we do not use the CQA tool like it is suppose to be used."
- "...the CQA tool does not fully assess the risks of our referrals."
- "...I think that each unit and each region have different ways in writing their CQA's...I find this to be somewhat confusing."
- "...CQA is only as thorough as the person filling it out."
- "...the CQA provides a documented record of a family's dynamics and brief history."
- "...it is not helpful in that it takes an average of 3-4 hours to complete the CQA in the computer."

Question 2: How do you perceive the CQA tool in helping you assess and predict the risk of maltreatment in the investigations you are assigned?

- "...I feel that the CQA is very helpful in predicting risks because it covers other areas of the client's life."
- "...I would consider a case to be higher risk if there have been previous referrals, especially those that have been substantiated or have high ratings."
- "...the maltreatment screen is a good source of information as well as the child and adult screens...other screens are not as important (support) and pry into others' personal lives often when there is not a need to do so."
- "...the CQA tool needs to be revamped to help assess the risk of harm..the questions don't always apply to every case...the ratings make it hard to appropriately determine maltreatment.."
- "...I find that I rate things lower than they probably should, but I find that I use my judgment"

more than reading the anchors.”

“...I feel that the CQA covers issues regarding past maltreatment fairly well...I don’t feel this is always a good prediction of risk to a child.”

“...the CQA is helpful in assessing risk...however, I do not find it helpful out in the field unless you have a guide.”

“...the CQA does help me to assess risk once everything is typed and visible for me to see.”

“...I feel that it is not focused enough on the children and their needs.”

Question 3: What suggestions would you offer in regard to the CQA tool?

I believe that there needs to be more uniformity in completing the CQA.”

“...I frequently have situations that do not fit any of the anchors...particularly in neglect referrals as the maltreatment anchors relate more to physical and sexual abuse.”

“...in the abuse/neglect screen there are not enough choices to include all that we do...”

“...I rarely use the safety questions...those should be re-evaluated and changed or eliminated completely...”

“...the CQA needs to be shorter...much of the information is duplicated as SW’s are required to put same information into contact screens... means that a worker spends time duplicating paperwork instead of being in the “field” where worker is needed.”

“...most of the information in the Family Screens could be incorporated into the Adult and Child Screens to cut down on repeating.”

“...it would be helpful to have a guide to use in the field that everybody can follow.”

“...anchors that are broader.”

“...more selection of safety factors on the children and their needs from the worker and parents.”

Results

The author was impressed with the candor of the workers, their willingness to respond to the questionnaire despite the demanding nature of their jobs, and the suggestions for improvement in the CQA tool. In reviewing the responses, the author developed the following summary of the responses to be reviewed more closely by administrative staff in terms of what the workers indicated was their experience and what could help improve the tool.

First, the issues that were repeatedly mentioned were that the CQA tool was too time consuming, too lengthy, too redundant, and had insufficient choices of anchors to accurately rate the risk of maltreatment to children. Secondly, other issues included the following:

- Provision of a record of family dynamics and family history was helpful

- Social work interview skills were critical to the assessment process
- Uniformity in the narratives were needed on a statewide basis
- The absolute necessity of thorough detailing in the narrative sections of the CQA

Finally, there were some conflicting topics that would be significant to pursue further in terms of staff development and training as workers seemed divided on these issues with some workers having positive perceptions in these areas while other workers disagreed. The conflicting themes included:

- The CQA tool's helpfulness in evaluating and predicting risk of child maltreatment
- The necessity of the information obtained during the assessments
- The importance of history
- The use of the Safety factors

In summary, these findings reflect both positive and negative perceptions of the CQA tool in terms of evaluating and predicting the risk of maltreatment to children. The author intends to share these findings with all staff in the Green River Region to further examine the actual tool, and its benefits related to the author's literature review. In regard to liabilities of the CQA tool, this author will be providing that information to management, leadership, and administrative program staff in terms of developing a work group to address some of the shared concerns of workers concerning needed revisions previously mentioned under main themes.

Rigor

In developing strategies for rigor, the author utilized techniques recommended in the text (Padgett, 1998). First, the author used peer support from her clinical supervisor and research professor. Secondly, due to the unique nature of the author's position as a child protection specialist, the author had continual and prolonged involvement with the investigators through

providing consultation and training on a regular basis so the workers were comfortable to inquire about the study. In terms of triangulation, the author used a combination of qualitative and quantitative methods to compare similarities and differences in both pieces of the study.

Finally, the author used an audit trail by keeping notes and coding common themes from the narrative answers.

Methodology of the Quantitative Study

Approach

The specific quantitative question for the study related to the common characteristics of repeat referrals of maltreatment in the Green River Region. The approach would be positivist as it relates to causality (Marlow, 2001). In the study, the quantitative question was, “What are the common characteristics of repeat referrals of maltreatment in the Green River Region?”

Other questions attended were:

- What are characteristics of the children?
- What are characteristics of the families?
- What were the worker findings and interventions?
- What are the significant comparisons found in the data?
- Is there a relationship between the number of repeat referrals and the risk rating on the CQA tool?

The methodology included the pre-experimental design in which the CQA would be the posttest after the intervention of the CPS investigation. Data from the management reports provided notice of referrals that were generated on the family in the preceding 12 months and the number of referrals made on the family in the lifetime of the case in the TWIST system.

Sample

The sampling frame included all CPS referrals that have been reported in the last year from September 2001 to September 2002. This report is known as TWIST Referral Status Report (TWS-M120). This author extracted the cases with only one referral in the last year and chose 100 cases randomly by using a table of random numbers. The final sample of 100 cases contained 171 children.

In regard to measurement, the independent variable was child abuse or neglect and the dependent variable was the CQA assessment of risk. Child abuse and neglect were operationalized by denoting the actual observations of the CPS worker such as bruises, welts, burns, abrasions, lacerations, fractures, inadequate food, clothing, shelter, medical attention, or supervision (Wisdom, 2001) and was translated into substantiated or unsubstantiated child maltreatment. Using the CQA tool, that provided a numerical rating, which translated into low, moderate, significant, or high risk, operationalized the risk assessment.

Reliability/Validity

In terms of reliability, this author has compared the recommendations of current research with the CQA tool, and found them to be a good fit. Murry et al. (2000) support that risk assessment tools must address both individual and family systems indicators and the CQA tool does both. In relation to the validity, the CQA tool poses the risk factors described as significant in determining risk and predicting future risk as noted in the previously mentioned studies (Marshall et al., 1999; Stiffman et al., 2002; Bauer, 2002; Irwin, 1999; Wisdom, 2001; Murry et al., 2000) which were factors the author found in the available current research.

Data Collection

Data collection involved the review of the completed CQA tool on each case selected in the

previously described sampling method and information was coded utilizing the Protocol for Existing Data. The Protocol for Existing Data may be viewed in Appendix C. The protocol tool consisted of 50 items inquiring about information in the following areas:

- Demographics on each child
- Demographics on each family
- Current number of referrals
- Maltreatment reported
- Maltreatment found
- Child protection intervention utilized
- Court intervention utilized

The author read the narrative to review how the safety factors selected were addressed in the narrative form. The author looked for patterns of both effective and ineffective intervention so as to provide recommendations at the conclusion of the practice-focused study.

Informed Consent

The author sought permission from both the University of Louisville IRB and the Cabinet for Families and Children IRB to collect information from the existing data. The author developed a protocol tool to gather the information considered pertinent. The author submitted the protocol tool to both IRB's for permission to collect the desired data. Due to the extremely confidential nature of the data, the author was very specific about the information to be collected. Another ethical consideration involved the author having routine access to the management reports, and all cases in TWIST, due to the nature of the author's employment within the agency. Therefore, the author considered the need to provide specifics to avoid the appearance of an inappropriate dual role.

Data Management

The data was coded according to the Protocol tool and entered into the SPSS program to

derive the following results. As there were many variables, the author will discuss those with sufficient data along the lines of the research questions previously stated in the Quantitative approach section.

Results

Common Characteristics of Children

In terms of demographics, the age range of the children in this sample was one month through 17 years of age with the mean age of 6 years. In terms of sex, 90 percent of the children were female and 81 percent of the children were male. Racial composition can be seen in the table below:

		Race of child	
		Frequency	Percent
Valid		2	1.2
	1=African American	13	7.6
	4=Multi-racial	23	13.5
	5=White	132	77.2
	7=Not Reported	1	.6
	Total	171	100.0

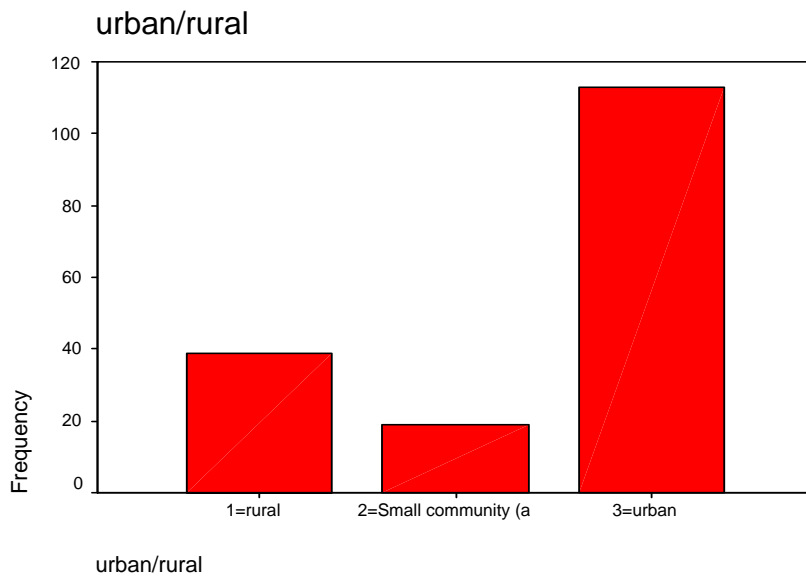
VARIABLE	PERCENTAGE
Relationship of the child to the alleged perpetrator	73.7% was a biological parent
Child with special needs	31.6% (mostly behavioral and physical)
Child in day care	6.4%

The chart above outlines other variables about children that are descriptive of the particular sample selected.

Common Characteristics of Families

In terms of the families, most were considered urban which was defined as being within the

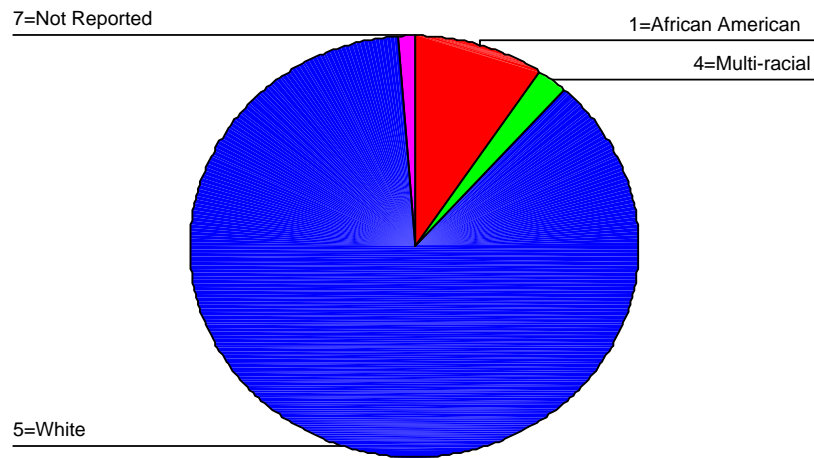
city limits of Henderson or Owensboro, Kentucky. Small town was representative of the many small clustered communities in the seven county area. Rural was considered those living outside the city limits usually with significant distance from neighbors or any town. The following chart provides a description:



The age of the alleged perpetrators ranged from 15 to 70 years with a mean age of 32 years old. The sex of the alleged perpetrators was 62 percent female and 37 percent male.

The racial breakdown is as reflected in the pie chart below:

race of alleged perpetrator



Other descriptive findings about the families are described in the bullets below:

- Average number of children in the home was 2.7
- Average number of removals of children was 0.19
- Average age of birth mother at time of oldest child's birth was 19.6 years
- Average age of birth father at time of oldest child's birth was 24.5 years (of the 69 fathers who had data on this variable)

While there were only 30 families who reported income, the mean income of those families was \$16,251.00. The reported sample contained two incomes in the high range, when the mean was recalculated without them, the mean was \$12,936.00.

Other characteristics found in the families are described in the following percentages:

- 46.8% of the alleged perpetrators were employed
- 29.3% of the alleged perpetrators had a GED or above (66.1% were not reported)
- 30.4% of the alleged perpetrators were single parents (which was the largest

represented group

- 48.5% of the families were a biological parent with the child reported
- 85.4% of the families lived in a house, an apartment, public housing, or mobile home
(there were no homeless families in this sample)
- 26.9% of the families had moved in the past six months
- 12.9% of the families had reported transportation (remaining percentage was unreported on this variable)
- 29.8% noted concerns about domestic violence in the family
- 7.0% noted concerns about substance abuse in the family
- 11.1% noted concerns about mental health issues in the family

Worker Findings and Interventions

In terms of the child protection workers findings and interventions, the results are listed below:

Of the 171 children reported to the agency as abused or neglected:

- 3.5% were substantiated physical abuse
- 6% were substantiated sexual abuse
- 3.6% were substantiated neglect related to environment
- 2.9% were substantiated neglect related to lack of supervision
- 5.8% were substantiated neglect related to domestic violence
- 5.8% were substantiated neglect related to substance abuse
- 1.8% were substantiated medical neglect
- 2.9% were substantiated physical neglect

Of the 171 children reported to the agency, the following interventions were implemented:

- 11.7% had an investigation that became an open case with referral to community resources
- 6.4% had an already opened case with referral to community resources
- 5.3% had an already opened case and no referral to community resources was made
- 6% had an already open case and scheduled a Level 3 CFS meeting
- 1.8% closed the investigation with a Level 3 CFS meeting
- 8.2% closed the investigation with referral to community resources
- 66.1% closed the investigation with no referral to community resources

Additional findings as a result of using the Pearson correlation analysis on the SPSS program, The researcher found that other significant comparison in the data as well. A Pearson correlation was calculated examining the relationship between the age of the alleged perpetrator at the time of the incident with the following variables: The age of the birthmother at the birth of the oldest child; the age of the child at the time of the incident; and the risk rating on the CQA too. There is a strong positive relationship between the age of the alleged perpetrator and the age of the birth mother ($r(148)=.205, p<.01$). There is a strong positive relationship between the age of the alleged perpetrator and the age of the child at the time of the incident ($r(164)=.401, p<.01$). There is a negative relationship between the age of the alleged perpetrator and the rating of risk on the CQA tool ($r(164)= -.137, p<.05$). Finally, a Pearson correlation was calculated examining the relationship between the referral number and the risk rating on the CQA tool. A positive relationship was found ($r(169)=.178, p<.05$).

Results

The author found that there were significant relationships between the age of the alleged perpetrator and the variables known as the age of the birth mother at the birth of the oldest child,

the age of the child at the time of the incident, and the risk rating on the CQA tool. In addition, there was also a significant relationship between the number of referral and the rating of risk. Other factors in the study's sample population that may have contributed to the high recidivism rate include the following factors gleaned as the researcher read through each narrative:

- The worker's perception and confusion surrounding the CQA tool anchors and safety factors
- Adultcentric attitudes noted in many CQA's
- CQA's read as incident focused narratives as opposed to family assessments for strengths, needs, and services
- Issues identified were frequently not addressed with referral to services
- Collateral contacts were often absent
- The average number of referrals per family was 5.2
- The average risk rating was 5.5 (or low risk)
- 66% of the referrals were closed with no referral to community resources
- 15.8% substantiation rate compared to national statistic of 30%
- 7% were found in need of services
- 17% of the children received court intervention in their behalf

Limitations

The study had several limitations despite the attempt to assist in remedying the high referral recidivism rate in the Green River Region. First, the study was confined geographically to only seven counties of 120 counties in Kentucky that would limit the ability to generalize the findings. In addition, the majority of the counties in the study were rural and therefore the

findings could not be generalized to metropolitan areas. Thirdly, since the author's career has been devoted to child protection, certain bias exist which exert some influence on the study process. Next, due to the author's novice status in terms of conducting formal research, the author believes that with time and practice, skills will be further developed to obtain more detailed, refined information that will be more helpful to program evaluation and direct practice. In addition, several variables had information that was missing from the records that may have provided a more comprehensive picture of the children and families referred for assessment. Finally, since the author was employed in the region of study, that fact might have influenced some of the answers given on the questionnaire by CPS workers

Implications

The researcher was able to have a broad perspective on the issue of recidivism after having the opportunity to have both the qualitative and quantitative components in this study and therefore perceives the implications to practice outlined below that also include recommendations for continuous quality improvement.

First, as of 4/07/03, the Cabinet released a new version of the anchors that responded to some of the issues raised by the child protection workers in this study. Second, a work group to address modifying the CQA in regard to such concerns as length of time to complete, duplication, uniformity, and possibly a field guide or tool needs to be initiated. Third, training needs to be provided to all staff on the risk assessment value of the CQA tool and the significance of the safety factor selection, which is based on research found in the literature review. Fourth, the author will be presenting these findings to all front-line, supervisory, regional staff, and the Targeted Assessment Program staff during May 2003 during staffing. Fifth, the author will review the findings of this study with regional leadership staff in terms of

strategic planning, staff development, and continuous quality initiative. Next, the author will continue monthly staffing with each team and their supervisor with a focus on risk rating, child safety and well-being, in an effort to support reducing repeat referrals of maltreatment of children. Finally, the author will be recommending a replicate study in about a year to measure change since the new anchors have been implemented.

In conclusion, the study offered an intertwined perspective of CPS worker experience coupled with raw data on referral recidivism through assessing the usefulness of the CQA tool in evaluating and predicting future risk of maltreatment to children. As a result of the findings being shared with all staff, the author believes that level of awareness and standards of practice will continue to improve.

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